

**NOTICE OF TREATMENT FOR ASIAN TAPEWORM**  
**UTAH DEPARTMENT OF AGRICULTURE AND FOOD**

**FISH HEALTH PROGRAM**  
Box 146500  
Salt Lake City UT 84114-6500  
[www.ag.utah.gov](http://www.ag.utah.gov)

(801) 538-7029  
Fax: (801) 538-7126

Instructions: Complete this form if the fish to be approved are carriers of the Asian tapeworm or if the water supply leading to the fish to be approved contains hosts infected with the Asian tapeworm (see *Pathogen List*). Mail or fax the completed form with the Triploidy Verification Report (grass carp only) to above address before fish shipment. Following approval, a copy of the form will be faxed to the owner. The completed form, entry permit, and triploid verification shall accompany fish during shipment.

Owner/Exporter \_\_\_\_\_  
Address \_\_\_\_\_  
Phone / fax \_\_\_\_\_  
Current Utah Fish Health Approval number \_\_\_\_\_

Buyer/importer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone / fax \_\_\_\_\_  
Estimated date of importation \_\_\_\_\_  
Current COR number \_\_\_\_\_

Destination of fish in Utah \_\_\_\_\_

Veterinarian \_\_\_\_\_  
Address \_\_\_\_\_  
Phone / fax \_\_\_\_\_  
Veterinary license # \_\_\_\_\_

Species, size / age, and number to be exported into Utah \_\_\_\_\_

Calculated dosage of Droncit (use volume of treatment water and amount of Droncit used) \_\_\_\_\_

Fish density at beginning of treatment \_\_\_\_\_

Fish density at end of 72 hour treatment \_\_\_\_\_

Inclusive dates of 72 hour treatment \_\_\_\_\_

*I, the undersigned, representing the owner or exporter, importer, and veterinarian, certify that the fish specified in this document were treated for the Asian tapeworm according to Utah policy (see attached). The same undersigned further certify that following treatment, the fish specified via this document are being reared within or transported to Utah in well water free of hosts and carriers of the Asian tapeworm. The fish specified in this document are **not** intended for human consumption.*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Owner / Exporter

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Buyer/Importer

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Veterinarian

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Utah Fish Health Program Manager

**NOTICE OF TESTING FOR ASIAN TAPEWORM**  
**UTAH DEPARTMENT OF AGRICULTURE AND FOOD**

**FISH HEALTH PROGRAM**

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**Salt Lake City UT 84114-6500**

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**(801) 538-7029**

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Instructions: Complete this form if the fish to be approved are susceptible hosts of the Asian tapeworm or if the water supply leading to the fish to be approved contains hosts susceptible to or infected with the Asian tapeworm (see pathogen list). If the fish test positive for the Asian tapeworm, then complete the form NOTICE OF TREATMENT FOR ASIAN TAPEWORM. Mail or fax the completed form with the Triploidy Verification Report (grass carp only) to above address before fish shipment. Following approval, a copy of the form will be faxed to the owner. The completed form, entry permit, and triploid verification shall accompany fish during shipment.

Owner/Exporter \_\_\_\_\_  
Address \_\_\_\_\_  
Phone / fax \_\_\_\_\_  
Current Utah Fish Health Approval number \_\_\_\_\_

Importer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone / fax \_\_\_\_\_  
Estimated date of importation \_\_\_\_\_

Destination of fish in Utah \_\_\_\_\_

Species, size / age, and number to be exported into Utah \_\_\_\_\_

Date \_\_\_\_\_ of \_\_\_\_\_ fish \_\_\_\_\_ testing  
(inspection) \_\_\_\_\_

Inspector name \_\_\_\_\_

**Laboratory information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone / fax \_\_\_\_\_  
Lab accession number for this test \_\_\_\_\_  
Number of fish examined (attach inspection results) \_\_\_\_\_

*I, the undersigned, representing the owner or exporter, importer, and veterinarian, certify that the fish specified in this document were treated for the Asian tapeworm according to Utah policy (see attached). The same undersigned further certify that following treatment, the fish specified via this document are being reared within or transported to Utah in well water free of hosts and carriers of the Asian tapeworm. The fish specified in this document are **not** intended for human consumption.*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Owner / Exporter

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Importer

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Veterinarian

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Utah Fish Health Program Manager